

## Hope Crossing Christian Counseling, Inc.

Effective August 1, 2008

This notice describes the Privacy Practices followed by our staff. This notice applies to the information & records we have about your health, health status, & the mental health services you receive at this office.

### Treatment:

We may use or disclose treatment information about you to provide, coordinate, or manage your health care or any related services, including sharing information with others outside Hope Crossing Christian Counseling, Inc. that we are consulting with or referring you to (doctors, hospitals, etc.).

### Payment:

We may use or disclose health information about you so that the treatment & services you receive at Hope Crossing Christian Counseling, Inc. may be billed to & payment may be collected from you, an insurance company, or a third party - or so you can be reimbursed by your health plan for services you paid us for. We may also tell your health plan about a treatment you are going to receive to obtain prior approval, or to determine whether your plan will cover the treatment.

### Mental Health Care Operations:

We may use & disclose health information about you in order to run our office & make sure that you & our other clients receive quality care. For example, we may use your health information to evaluate the performance of your staff in caring for you, or to help us decide what additional services we should offer, or how we can become more efficient, or whether certain treatments are effective.

### Appointments:

We may contact you as a reminder that you have an appointment for treatment or medical care at the office. Please advise our office if your voice mail is NOT private & you do not wish to receive such reminders.

### Information Disclosed Without Your Consent

#### Emergencies:

We may use or disclose health information about you when addressing an immediate emergency you are facing, in order to prevent a serious threat to yourself or others.

#### Required By Law:

We will disclose health information about you when required to do so by federal, state or local law - such as a communicable disease or suspected abuse &/or neglect of a child or elder. We will make every attempt to inform you in advance of this legal release of your information.

#### Coroners/Medical Examiners

We are required to disclose information about the circumstances of your death to a coroner who is investigating it.

#### Military/Veterans/National Security & Intelligence/Government

We may be required by military &/or government authorities to release information about you - including, but not limited to, audits, investigations, inspections, licensure, military clearances, etc.

### Workers' Compensations/Disability/Medicare

We may release health information about you for workers' compensation or disability claims. These programs from vide benefits for work-related injuries or illnesses.

### Criminal Activity or Danger to Others

If a crime is committed on our premises or against our personnel we may share information with law enforcement to apprehend the criminal. We also have the right to involve law enforcement when we believe an immediate danger may occur to someone.

### Family & Friends, Minors & Parents

We may disclose health information about you to your family members or friends if we obtain your verbal or written agreement to do so - or if we give you opportunity to object to such a disclosure & you do not raise an objection. We may also disclose health information to your family or friends if we can infer from the circumstances, based on our professional judgment that you would not object - for example, we may assume you agree to our disclosure of your personal health information to your spouse with you into the treatment session or when a treatment is discussed.

In situations where you are not capable of giving your consent (in the event you are incapacitated) we may, using our professional judgment, determine that a disclosure to your family member or friend is in your best interest.

If clients are under 18 years of age, & not yet legally emancipated, they should be aware that the laws allow parents to examine their child's treatment records,

## Hope Crossing Christian Counseling, Inc.

unless the provider believes that such review would be harmful to the patient & to his/her treatment.

Because privacy in counseling is often crucial to successful progress, particularly with teenagers, we may request an agreement from parents that they consent to give up their access to their child's records. If a client is under-age & their parents agree, providers may provide them only with general information about the progress of treatment & the client's attendance at scheduled sessions. Treatment summaries may also be provided upon request. Any other communications will require the client's written authorization, unless the provider determines that the client may be in danger or could be a danger to someone else. In such cases, the provider may then notify parents &/or legal guardians, as needed & required by law. Before providing any information to parents or guardians, providers discuss the need to do so with the client &, if possible, under the circumstances to respond to any objections brought up by the client.

**You have the following rights under State & Federal law:**

### Right to Inspect & Copy

You have the right to inspect & copy your health information, such as medical & billing information. You must submit a written request on the Hope Crossing Christian Counseling, Inc. Release of Information Form in order to inspect &/or obtain a written copy of your health information. We may charge a fee for the costs of copying your records.

We may deny your request to inspect &/or copy in certain limited circumstances. Please contact our Office Manager or your counselor for more information.

### Amending Your Record

If you believe something in your record is incorrect or incomplete; you may request that we amend it. Please provide us with your written request outlining what you believe to be incorrect & why. In certain cases, we may deny your request. If denied, you have a right to file a statement of your disagreement with us & it will be added to your record, along with our written response.

### Release of Records

You may consent in writing to the release of your records for any purpose you choose. This could include your attorney, employer, another health provider, or other who you wish to have knowledge of your care. You may revoke this consent at any time, but only to the extent that no action has been taken in reliance on your prior authorization. Please note that family & marital records require the written release of all parties that were in the counseling session(s).

### Restrictions Request

You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or mental health operations. To request restrictions, you must submit a written request to the Office Manager or your counselor. We are not required to agree to your request. If we do agree, we will comply with your request, unless the information is needed to provide you emergency treatment.

### Contact

You may request that we send information to another address or by alternative means. We will honor such a request as long as it is reasonable & we are assured it is correct. Any contact information that is not updated in writing will not be subject to this notice.

### Changes to This Notice

We reserve the right to change this notice based on the needs of Hope Crossing Christian Counseling, Inc. & changes in State & Federal law. You are entitled to a copy of the notice currently in effect & may request a copy of this notice at any time.

### Complaints

If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary for the Department of Health & Human Services. You will not be penalized or retaliated against for filing a complaint.

Received By: \_\_\_\_\_

Printed: \_\_\_\_\_

Relationship: \_\_\_\_\_

Date: \_\_\_\_\_